

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Eric J. Holcomb
Governor of Indiana
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IPLA Executive Director

NCLEX TESTING ACCOMMODATIONS – FORM A

Instructions: This form should be completed by a qualified healthcare provider with expertise in the area of the diagnosed disability or interpretation of results. The provider may provide the required information in their own signed letter instead.

Applicant Name: _____ Date of Birth: _____
(Last, First Middle) (MM/DD/YYYY)

1. Describe the applicant's specific diagnosis or type of disability (e.g., physical, mental, learning), including DSM code, if applicable, the date of initial diagnosis, respective date of assessment, the tests used to assess the disability, and a summary of the interpretation of the test results (Attach extra sheets as needed).
2. Describe the nature, history, and extent of the disability, how it limits one or more of the applicant's major life activities, and if the disability will change in any way over time. In case of a learning disability, include specifics about the type of disability (e.g., visual or auditory reception or perception, processing, memory, comprehension, verbal or written expression, etc.).
3. Given the format of the examination, what is the recommended accommodation(s), and how does the accommodation(s) relate to the applicant's disability given? The request must be specific (e.g., if additional time is needed, indicate how much).

Applicant Name: _____ Date of Birth: _____
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4. Please describe your credentials, education, and experience which qualify you to make this diagnosis and recommendations for testing.

I certify that I have the necessary specialized training to make the above diagnosis, that I personally examined the candidate named above, and that the diagnosis and assessment of modification requested are based on my professional judgment. I understand that the Indiana Board of Nursing may contact me to obtain additional information or obtain an independent assessment by a second professional.

Name of Provider: _____ Title: _____

Facility or Entity: _____

Address: _____ Phone: _____

Type of Professional License and No.: _____ Expiration Date: _____

Provider's Signature: _____ Date: _____

INFORMATION FOR MEDICAL PROVIDERS

Description of Qualified Healthcare Providers

1. For physical or mental disabilities other than learning disabilities - a licensed physician or psychologist with expertise in the area of disability.
2. For learning disabilities - a qualified provider is one of the following:
 - a) A licensed psychologist or psychiatrist who has experience working with adults with learning disabilities or
 - b) Another qualified professional with a master's or doctorate degree in special education, education, psychology, educational psychology, or rehabilitation counseling who has the training and experience in all the areas below:
 - Assessing intellectual ability level and interpreting tests of such ability
 - Screening for cultural, emotional, and motivational factors
 - Assessing achievement level
 - Administering tests to measure attention and concentration, memory, language reception and expression, cognition, reading, spelling, writing, and mathematics.

Format of Examination

The examination contains objective multiple-choice questions, which are administered by computer in an adaptive format. The examination does not require knowledge of computer operation. The number of questions may vary from a minimum of 85 to a maximum of 150. Standard testing time is a maximum of 5 hours in one day, including the tutorial, sample items, and all rest breaks. There will be a 10-minute break at the end of two hours of testing and an optional 10-minute break at the end of 3 ½ hours of testing. The computer selects questions based on responses to previous questions. Thus, depending on candidates' patterns of correct and incorrect responses, different candidates will take varying numbers of questions and use varying amounts of time.